

**USER FORM: Facility Access Request**

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*Complete and return this form to the appropriate ADL staff AFTER completing all prerequisite training for the ADL-managed facilities you wish to access.*

**SECTION I: USER INFORMATION**

<b>Name</b>	
<b>Email</b>	
<b>Dept. / Org.</b>	

**SECTION II: PREREQUISITE TRAINING**

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**I have completed the following training:**

- ☐ RCF Orientation
- ☐ BU Lab Safety
- ☐ Bloodborne Pathogens (BBP)\*

**SECTION III: FACILITY ACCESS**

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**I request card access to:**

- ☐ Analytical & Diagnostics Laboratory (ADL)
- ☐ Health Sciences Core Facility (HSCF)\*
- ☐ Surface Science Core Facility (SSCF)
- ☐ Nanofabrication Laboratory (NLAB)

**User Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*HSCF access requires Bloodborne Pathogen (BBP) Safety Training due to BBP exposure risks.

*Updated — July 20, 2023*